

Strategic action 2

Focus on families and communities



**How to listen to families,
encourage communities,
and use the media**



NURTURING CARE
FOR EARLY CHILDHOOD DEVELOPMENT

This document is a working draft of the *Nurturing care handbook* that will be finalized in the second quarter of 2021. We hope you find it useful in guiding your efforts to implement the *Nurturing care framework*.

The handbook is unlikely to respond to all your needs and therefore, we welcome your questions, feedback and suggestions. Do not hesitate to contact us at NurturingCare@who.int or complete the online questionnaire at <https://nurturing-care.org/handbook>


We look forward to hearing from you.

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This handbook is composed of 6 guides, each of which are available as self-standing documents. Each of the five strategic actions of the *Nurturing care framework* has a section dedicated to it, and the *Start here* section provides a general orientation to the handbook.

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Users may read all, or parts of the handbook, depending on their needs. It is recommended to read *Start here* before going to any of the other guides.

The handbook is meant to be a living document with guidance and resources that will be regularly updated as more experiences are gained in the implementation of the *Nurturing care framework*.

The use of this handbook is supported by the nurturing care website, a vibrant portal with country experiences, thematic briefs, tools, news items, and expert voices. Always consult <https://nurturing-care.org> for new information that can be relevant to the issues that you like to address.

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This handbook is part of a set of resources for implementing the *Nurturing care framework*. Partners continue to collaborate in global working groups to expand this set, facilitated by staff at WHO, UNICEF, the World Bank Group, the Partnership for Maternal, Newborn, and Child Health (PMNCH) and the Early Childhood Development Action Network (ECDAN).

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Using this handbook

This is part of the *Nurturing care handbook*, a practical guide to using the *Nurturing care framework* to improve early childhood development.

If you have not already, you will probably find it helpful to take a quick look at the first part of the handbook: [Start here](#). This explains in more detail how the handbook works, what nurturing care is, and how to get started. It also includes practical advice on working in programme cycles, engaging all stakeholders, and doing advocacy.

After *Start here*, the handbook is divided into five strategic actions, each explained in a separate guide:

- 1 Lead and invest
- 2 Focus on families and their communities
- 3 Strengthen services
- 4 Monitor progress
- 5 Scale up and innovate

You can find out more and download the rest of the handbook at <https://nurturing-care.org/handbook>

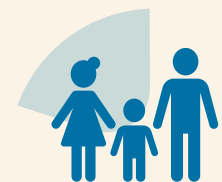
STRATEGIC ACTIONS

1



LEAD
AND INVEST

2



FOCUS ON FAMILIES AND
THEIR COMMUNITIES

3



STRENGTHEN
SERVICES

4



MONITOR
PROGRESS

5

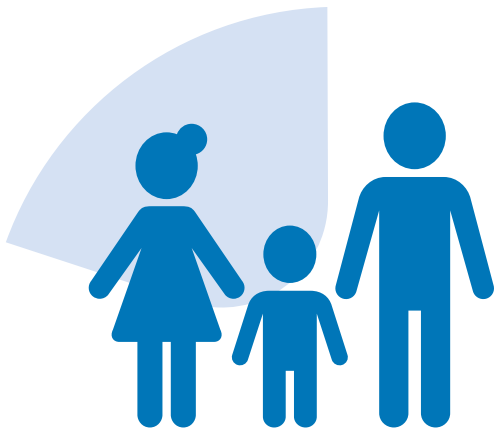


USE DATA AND
INNOVATE

Understanding Focus on families and their communities

What is this strategic action?

This is about helping families and communities to change their behaviour and their environment in ways that support nurturing care.



Working with families and their communities includes giving them the information they need, empowering them to change, and building on the positive social norms they already have. It also means changing negative social norms, such as harsh punishment and gender inequities.

Families need support to give nurturing care, and lots of people need to be involved – including fathers, grandparents and siblings. In fact, it takes a whole community to enable nurturing care. Communities can also work together to hold the authorities to account, to get the services and support everyone deserves.

Getting that support is essential. So mayors and other local leaders need to be engaged early in designing solutions that ensure children receive nurturing care (see box *Mayors for children*). And local organizations (including NGOs) need the latest and best evidence to help them in their work on the frontlines.

MAYORS FOR CHILDREN

Local governments are best placed to listen, understand and respond to the voices of those they serve, including children.

That is why mayors from around the world, working with UNICEF, created a new network called Mayors for Children. In November 2019, it held its first meeting, in Athens, Greece. Around 40 people took part, representing urban local governments from 18 countries in Europe and Central Asia.

You can find out more in the report on [Mayors for Children's first meeting \(7\)](#).



What will this strategic action enable me to do?

The *Nurturing care framework* describes five outputs for this strategic action:

- Draw on family and community beliefs, practices and needs while planning.
- Support communities in identifying local champions.
- Plan and implement national and local communication strategies.
- Strengthen and support community platforms.
- Involve community leaders in planning, implementing, monitoring and evaluating activities.

Although there are five outputs, it is helpful to divide the work required into three areas:

Community engagement

How to listen to families, involve them in decision-making, and mobilize the resources to support them. This is essential for changing people’s behaviour.

Community accountability

How to encourage communities to demand good-quality care, by increasing their awareness and using their voices.

Using the media to communicate

How to use the media to reach the whole population, creating demand for services by communicating consistent messages.

What follows is a collection of suggestions and advice, based on our experts’ knowledge of what has worked in countries around the world.

Communication and engagement are essential for all three areas. For this, we recommend UNICEF’s online course, *Communication for development* (see the box).

Other useful resources are the WHO’s guide *Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation* (2) and the guide *Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health* (3). Both guides link up with other resources, and provide step-by-step guidance to help you work with families and communities, building on strengths and addressing needs.



Communication for development (C4D) online course

This online course will teach you about a variety of communication tools, channels and approaches you can use to change behaviour for the better. It is designed for use with children, families, and communities – encouraging them to engage and participate.

The course covers four topics:

1. **Behaviour change communication**
promotes positive outcomes in health, education and other areas.
2. **Social change communication**
allows groups of people to define their needs and collaborate, in order to transform the way their social system is organized.
3. **Social mobilization**
raises awareness of a development objective and spurs demand for it, focusing on people and communities as agents of change.
4. **Advocacy**
motivates leaders to help achieve development goals.

For more information, or to sign up, see the [Communication for development online course](#) (4).

Community engagement

This involves communities and neighbourhoods coming together to promote nurturing care. These community-wide efforts are sometimes referred to as community strengthening initiatives. They do not just cover a single programme, service or sector, but aim to address a variety of topics with community groups.

Creating an enabling environment for nurturing care cannot happen from the top down, so community engagement is critical from the start.

Table. Old thinking versus the place-based approach's new thinking

OLD THINKING	NEW THINKING (THE PLACE-BASED APPROACH)
Parent focus or child focus	Child and family well-being
Maternal involvement	Family engagement
Information	Holistic social and economic support
Isolated programmes	Connected services
Separate sectors	Multisectoral collaboration
Single-programme impact	Collective impact

For more on this approach, read *Scaling up: place-based strategies to strengthen community early childhood systems (5)* and *The evidence: what do we know about place-based approaches to support children's well-being (6)*.

A place-based approach

We recommend taking a place-based approach – an innovative way of improving early childhood development, based on the idea that resilience is built on social and community connectedness, and that neighbourhoods and communities are important in shaping families and children.

This approach starts by asking, “What makes a village, town, or district a healthy and happy place to raise a young child?” It then tries to address families' and communities' needs by building on strengths at the local level. This involves looking at caregivers, the systems around them, and even the natural environment.

A place-based approach involves many sectors working together to tackle an issue in a particular geographical area – a neighbourhood, municipality, district, or even a province or state. This allows it to unite many stakeholders, with a commitment to collaboration. Extensive community engagement is essential.

Taking a place-based approach responds to the fragmented nature of many services for early childhood development. It strives to bring them together, coordinate them, and improve families' access. It also helps to counter the mistaken idea that pre-schools and creches are the main places where early childhood development services are found.

The following links provide you with access to resources illustrating place-based approaches:

- [Chile Crece Contigo \(7\)](#) – Chile
- [UNICEF Child Friendly Cities Initiative \(8\)](#) – Global
- [Bernard van Leer Urban95 Initiative \(9\)](#) – Global
- [Smart Start Siaya \(10\)](#) – Kenya

The Table shows how the place-based approach is different from old ways of thinking.

Suggested actions

Bring together stakeholders and community members

Begin by bringing together (or linking up with) key stakeholders from many sectors, including health, education, community development, environmental health, and social and child protection. It is very important that members of the local community are able to add their voices and take part in the decision-making process.

Take a strengths-based approach

Talk to community members and find out what they already know about nurturing care practices, what they are doing, and what problems they face. Developing strategies that build on these positive social norms and practices will help to build ownership.

Consider communication to change behaviour

Research shows that communication can mitigate harmful practices such as harsh punishment, treating boys and girls inequitably, and leaving young children without adequate supervisory care. It is also necessary for changing traditional practices such as using stoves that cause indoor air pollution and can burn people.

Involve everyone – including men

As well as mothers, make sure you engage men, grandparents and other influential members of the community. Discuss their aspirations for young children, as well as their roles as caregivers (see box *Promoting gender equality and engaging men*). Also involve adolescents and young adults.

PROMOTING GENDER EQUALITY, AND ENGAGING MEN

Gender is an important factor shaping the way children are treated and what is expected of them, and gender stereotypes or rules can affect a child's sense of self from a young age.

Adults often unconsciously reproduce the gender stereotypes and norms they were exposed to as children. Through their interactions, young children get messages about what society expects from them, and what they can and cannot do. These rules and expectations about behaviour and roles can be limiting.

One way to promote gender equality is by engaging males in childcare. Many parenting programmes and policies ignore – or even exclude – fathers and other male caregivers, who want to play an active role in their children's development and wellbeing.

Many men want to be more involved, and want to learn how to do better. From pregnancy to birth and beyond, engaging men in childcare counselling and parenting support can increase the number of men equipped to provide nurturing care, and can make them more likely to be involved long-term in their children's lives.

For more on this, read [Promoting men's engagement as equitable, non-violent fathers and caregivers in children's early lives: programmatic reflections and recommendations \(11\)](#) and see the websites for [MenCare: A Global Fatherhood Campaign \(12\)](#) and [REAL Fathers Initiative \(13\)](#).

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Map the community's assets

Asset-mapping means taking an inventory of everything the community has going for it, as well as the gaps in its resources. No matter how poor the community, it will always have some strengths. Perhaps it has street committees and a community action group on road safety, though it suffers from a lack of preschool facilities. Everything that helps or threatens young children's health and development goes in the asset map.

HELPFUL QUESTIONS TO ASK WHEN MAPPING THE COMMUNITY'S ASSETS

- **How are we helping our young children develop? (Ask separately about birth, age 3, and when they start school.)**
- **What challenges do families face, raising young children in our community?**
- **When parents are working, who cares for the children and how?**
- **Who are the families that need most support and are hardest to reach?**
- **Which children are often excluded, and why?**
- **How can we make our community the best and safest place for all young children to grow and learn, so no one is left behind?**

Use every means of reaching the most vulnerable

Reaching the most vulnerable families and children in poor communities is essential. Faith groups, traditional leaders and women's groups can be well placed to identify these families and help include them in activities and services services (see box *Faith leaders opposing violence against children*).

FAITH LEADERS OPPOSING VIOLENCE AGAINST CHILDREN

Faith plays a significant role in the lives of most of the world's population, especially in the family. Local faith communities often teach about parent-child relationships, shape ethical beliefs, provide support to families and children, and engage formal child protection systems. They can play a crucial role in preventing and reporting child abuse.

But faith communities can also help to perpetrate violence against children. They have a responsibility to publicly acknowledge this in all its forms, and to challenge it. Through active dialogue and engagement, religious leaders can promote children's safety and security, and support families in giving children nurturing care.

For more information, visit the [Ending Violence Against Children Hub \(14\)](#), where you can find ample resources for supporting faith leaders, as well as some things to watch out for.

Responding to their most pressing needs may require multipronged interventions, including cash payments or other practical help.

Include groups that do not have their community's support

Not everyone benefits equally from their community's support, and some people are discriminated against. Groups that frequently lack support include very young mothers, people from different ethnic backgrounds, and women working in the informal economy. Encourage communities to reach out, engage and support these people in providing nurturing care.

Develop a mission, vision, goals – and a plan for how to achieve them

Together, develop the mission, vision and goals for collective actions that will be driven by the community itself. When it comes to creating social and behavioural change, agree on interventions (what you want to change, such as harsh punishment) and the channels for delivering them (whether that is a media campaign, community theatre, or home visits from frontline workers).

Allow time to test

Whatever you decide to do, allow time to test it. This is essential for spotting and correcting problems, especially around whether local people understand your messages well. It is common to find that messages do not exactly fit communities' culture, language and the words they use. Testing that you are using local terms properly will probably take two or three rounds of interviews. And formative research can take anywhere from two months, if you already have community advisory groups, to six months or more, if you are starting from scratch.

Allow new leaders to emerge

Genuine community engagement allows new leaders to emerge, as well as ensuring that children and youth can actively participate. Seek out community influencers, including men and other non-traditional caregivers, who can be role models. This can be an effective way of reaching their peers (see box *Stories about inclusion*).

STORIES ABOUT INCLUSION

Actions that build a sense of community are as critical for children's well-being as health interventions. An example of this is an initiative called Stories About Inclusion, which is part of Chile Crece Contigo.

In some rural areas there are no early education centres. So, every week, communities are visited by an educator and entertainer who arrives in a specially equipped van. For four hours, children and families get together to learn and have fun.

As part of this, families wrote stories about diversity. They told of single mothers, of children with cerebral palsy and Down's Syndrome, of the differences between brothers and sisters that make family life richer, and of a little girl who was raised by her grandma while her mother worked far away.

These stories were so effective that they have since been printed and distributed to education centres and families, to teach people about the value of diversity and inclusion. They are now used in education all over Chile, and to train the staff who work in childcare centres.

Make it easy and fun to take part

Providing meals, childcare or children's activities – for example – helps caregivers participate in designing and implementing the activities and environmental changes that will make their communities more supportive of nurturing care. Be flexible, and schedule meetings and activities for times that suit families and parents. See example of *Shared reading* in the box.

SHARED READING

Shared reading, with a caregiver and beginning in infancy, is an important way of improving children's language development. There is something special about it.

Sharing picture books is the most common activity that involves caregivers and children focusing on the same thing for a long time. When doing this – more than at any other time – caregivers name objects, and acknowledge the child's interests, as well as extending and elaborating on them.

Using picture books in playful ways can support children's learning and development. Shared reading involves following the child's lead, making links between the pictures and the child's life, as well as praising and rewarding children. These are all positive parenting concepts. It also helps develop the child's understanding of emotions and their ability to take others' perspectives. And it develops parents' responsiveness and sensitivity, as well as helping them use humour and fun to engage young children.

A useful shared-reading site is [Nati Per Leggere \(16\)](#) ("born to read"). It is written in Italian, but a browser plug-in like [Google Translate](#) can render it in your own language. Shared reading is one of the activities promoted in [The 'Village' project: towards early learning communities \(15\)](#). The project is a place-based and country-wide initiative designed to address the challenge of educational poverty. Since its first year, it addresses a lack of opportunities to learn, experiment, develop and freely nourish capacities, talents and aspirations, by engaging caregivers together with their children in activities that promote development and positive interaction.

Use places

Find ways to use physical spaces, such as parks, stations, markets and childcare facilities. They can bring community members together to support young children and families (see box *How does a city look to a 3-year old?*). But make sure that the environment enables young children to thrive (See box *Guidelines on physical activity, sedentary behaviour and sleep*).

Too many children worldwide are exposed to air pollution, tobacco smoke and toxins – environmental risks that have a major impact on their development. To find out how stakeholders and government at all levels can change this situation, read [Clean, safe and secure environments for nurturing care \(17\)](#).

Keep in touch with the community and follow through

Once you have started, make sure you follow through. Keep on regularly reaching out and engaging with a wide range of community members. Many communities have had the experience of being involved at the beginning of a process but then not seeing any follow-up.



HOW DOES A CITY LOOK TO A 3-YEAR-OLD? (URBAN95)

More than a billion children live in cities, and rapid urbanisation means that the number is growing. Babies, toddlers and caregivers experience the city in unique ways. As they walk along with their caregivers, the vehicles going past seem much bigger, and the dirt and bad smells are much closer to their noses. They need safe, healthy environments, where crucial services are easily accessible, and where they can actively play and explore.

To make cities friendly to families and children, local authorities can provide:

- mixed-use neighbourhoods with all the basics a young family needs within a 15-minute walk;
- lively, green public spaces close to home, offering amenities for caregivers and allowing small children to explore safely;
- safe transport routes and transit systems that make it easy, affordable and enjoyable for families with young children to travel where they need to go;
- healthy environments with low noise pollution and safe air quality;
- vibrant community life that supports families' well-being.

To find out more, visit the website for the [Urban95 Initiative \(9\)](#), based on the idea of looking at the city from the height of an average 3-year-old: 95cm.



Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age

Today many young children do not get enough opportunities to play actively, so that they can safely explore their environment and develop vital motor skills. Instead, they spend too much time watching screens, or restrained in prams and seats.

Physical activity, sedentary behaviour and sleep time interact with each other, and having enough

of each is important for children's physical and mental health. The WHO has developed guidelines for children under 5, detailing how much time children should spend being physically active throughout the day (18). These encourage caregivers to help children reduce sedentary time and have more playtime instead, while protecting sleep.

Following these guidelines will contribute to children's motor and cognitive development, and their lifelong health.

Overcoming the barriers

Unengaged communities

The most common cause of disengagement is importing ready-made solutions – even when they seem appropriate. Communities need to feel that they own the way their resources are adapted and mobilized, so it is essential that they co-create solutions.

Uninvolved family members

In many settings, mothers bear most of the burden of child care at home. Other members of the family including fathers, grandparents and older siblings, also have crucial roles to play (see the box *Involving grandmothers*). Their active participation in the care of children not only enhances their bond with the young child, it also supports mothers in their ability to provide nurturing care. Fathers' engagement should be promoted by inviting them to take part not only in

INVOLVING GRANDMOTHERS

Most childcare is provided by family members. This may be the mother, the father, or even other family members. Research in Africa, Asia and Latin America shows that grandmothers and other senior women, referred to in short as grandmothers, are particularly actively involved in childcare, both in rural and urban areas. They play a central role, as advisors to younger women as well as caregivers to both women and children – especially in more collectivist non-Western cultures.

Grandmothers' social networks influence norms and practices in caregiving, especially around pregnancy and the feeding and care of children, including when they are ill. Whether their advice is beneficial or not (and usually it is mixed), their involvement, influence and commitment to their families make it critical to include them in programmes. However, interventions that support children's healthy growth and development often do not explicitly involve grandmothers. This is a significant gap, and it can limit a programme's effectiveness.

To learn more about how to assess family roles and influence, read *Focus on families and culture: a guide for conducting a participatory assessment on maternal and child nutrition* (19). And to design grandmother-inclusive interventions, read *Involving grandmothers to promote child nutrition, health and development: a guide for programme planners and managers* (20).

birth, but also in well-child visits or in meeting with educators. See example in the box *Bandebereho - engaging fathers in Rwanda*.

Unhelpful values and beliefs

Societal values and beliefs, such as gender norms, can prevent men and other non-traditional caregivers from engaging in nurturing care. And single women or those that are not accompanied can also face stigma. You need to make deliberate efforts to change these norms.

BANDEBEREHO - ENGAGING FATHERS IN RWANDA

Bandebereho is a Rwandan programme for couples, designed to help men engage in caregiving and maternal, newborn and child health. It also aims to help the couple have a healthier relationship.

Bandebereho was adapted from *Promundo's Program P* (21), and consists of 15 weekly sessions, of which the women attend up to eight.

A pilot study of Bandebereho ran from 2013 to 2015, involving 3500 parents in four districts

This randomized controlled trial found that, compared to the control group, participating families reported that:

- men spent more time teaching, telling stories, singing and playing with children;
- men participated more in childcare and household tasks;
- men were less dominant in household decision-making;
- men consumed less alcohol;
- intimate partner violence, both physical and sexual, was less common;
- parents physically punished children less;
- couples used modern contraceptives more;
- women attended more antenatal care sessions and men accompanied them more;
- mothers had lower rates of depression.

This showed how much can be achieved with a single intervention focusing on gender transformation and male engagement. It can increase men's caregiving and improve the health and well-being of children, women – and men themselves. The programme is now being scaled up by training community health workers (CHWs) to deliver it.

There is a [research article on Bandebereho](#) (22) with more details on the pilot study's findings.

Hard-to-reach families

Even when communities are fully involved, it can still be possible to overlook the hard-to-reach families and children whose needs are greatest. You need to deliberately seek them out.

Weak links to services

When the links between communities and services are weak, children may not receive all the interventions they need to survive and thrive. Australia's [Raising Children](#) website is one approach to strengthening these links (see the box). It gives busy families tips and answers to hundreds of parenting questions.

Focusing on single programmes

Isolated programmes – ones that do not build up coordination between sectors – are unlikely to succeed. You need to move from a narrow, programme-based approach to an integrated, place-based approach.



Australia's Raising Children website

Designed by a team of experts from many disciplines, this well presented website gives parents information on a wide range of topics around child health, development and well-being. It is all based on evidence, and covers birth to the end of adolescence.

Many topics are available in several languages, including Arabic, Auslan, Burmese, Cantonese, Dari, Dinka, Hakha Chin, Hindi, Indonesia, Korean Mandarin, Nuer, Persian, Swahili, Tamil, Turkish and Vietnamese.

There are concise summaries of topics including behaviour, communication, development, family life, health, daily care, nutrition, fitness, play, learning, safety and sleep. They include brief videos, and, for parents with low literacy, simple language and images. There is even interactive baby karaoke, encouraging caregivers to sing and interact with their children.

Raising Children was developed for Australia, but has already been adapted for Israel and Singapore. The [Raising Children website \(23\)](#) has useful information for policymakers and child development educators, as well as caregivers.

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Community accountability

Community accountability builds on community engagement. Once a community knows about and supports nurturing care, it needs to be able to hold the authorities to account for the quality of the nurturing care services provided. Community accountability is also called social accountability, and is based on the idea that every service, authority or organization involved in nurturing care needs to be accountable to the people it serves.

Community accountability involves increasing communities' capacity to demand good-quality care, by building their awareness and amplifying their voice. It equips communities to identify gaps in services, and to advocate with local and national authorities for improvements in public and social services.

The *World development report 2004: making services work for poor people* (24) suggested that community accountability tools can be used to shortcut the long process of democratic accountability between citizens and politicians. This means citizens do not have to wait four or more years to exercise their voice in elections, which inevitably package many different issues together. Instead, they can hold politicians to account more regularly and on concrete issues that are priorities for them. This increases transparency, as well as accountability.

Community accountability tools include citizen report cards, community monitoring, social audits, participatory budgeting, citizens' charters, and health committees.



Citizen voice and action field guide

Citizen Voice and Action is an accountability intervention that aims to transform the dialogue between communities and government.

In it, the community – along with health workers and local officials – learns about health rights and health service standards. These service standards are the focus of a participatory social audit, in which the community, including children, use a scorecard to rank their satisfaction with specific health services.

The results – broken down by gender, age, ethnicity and disability – allow government, community and service providers to assess whether the standards are being met. Community meetings then review data from the scorecard and social audit, and agree joint actions with service providers and government representatives.

The results can be presented at regional and national meetings. Government officials see simple reports on community feedback and gaps in services, as part of advocacy for higher-level policy action, as well as for immediate improvements at community level.

Find more in World Vision's *Citizen voice and action field guide* (25).

Monitoring plans is a critical element of social accountability. Community representatives' monitoring of data from one district in Uganda contributed to a lobbying campaign in which parliamentarians blocked the 2012/13 budget until funds were allocated for 6172 new health care workers. In Tanzania, a similar campaign in 2017 resulted in a 50% increase in the national budget for maternal, newborn and child health.

There is more evidence about the effectiveness of social accountability in two publications:

- *Scaling social accountability: evidence from Africa, Asia and the Caucasus* (26)
- *Citizen voice and action for government accountability and improved services: maternal, newborn, infant and child health services* (27).



Suggested actions

Build relationships of trust

One of the essential building blocks of success is a trusting relationship between communities and their government officials and service providers. Trust can be built up by meaningfully involving community members in planning, budgeting and implementation, which will improve accountability and results.

Talk about social accountability and civic education

Introduce social accountability and civic education when engaging with different stakeholders in the community. Invite local government officials, alongside civil society and community members. Often they have never met and do not understand each other's concerns and priorities. If they work together from the start in community accountability activities, it will improve the flow of information, communication and resources.

Identify existing audits and community-based processes

As part of an initial mapping exercise, find out if there are already any audits or community-based feedback processes. These could help to inform social accountability processes in the future.

Make sure information is right for the local audience

All information needs to be relevant to the local context, respectful of the audience and appropriate to their level of technical knowledge. Start easy and gradually build up conversations about social accountability and civic education. When collaborating with communities and families, use a social accountability tool such as a scorecard.

THE VALUE OF COMMUNITY SCORECARDS

Scorecards enable members of the community to:

- 1 participate in the collection of data
- 2 rate their satisfaction with nurturing care services
- 3 review and discuss findings in community meetings
- 4 agree on joint actions with service providers and government representatives.

Train facilitators

Make sure local social accountability facilitators get good-quality training, including different communication approaches. They need the skills to ensure that all participants are heard and engaged.

Monitor plans

Once you have agreed on milestones – such as installing a water point or setting up a playgroup by a certain date – the community needs a way, such as a monthly meeting, to monitor whether they have been achieved.

Produce reports that are easy to understand

Produce reports with disaggregated data, broken down into useful subcategories, to ensure that community members with different backgrounds can understand the information. This will make it easier to activate accountability mechanisms and to advocate for action by higher-level politicians.

Be transparent and find out people's opinions

Always be transparent and openly share information with the community. Also set up positive feedback loops, by getting the community's views in a way that enables you to improve – by changing something and then testing to see whether it has worked. The community's feedback should be built into the cycle of planning and implementation.

Help people understand services' constraints

Help communities to understand the constraints faced by governments and health staff, who are often poorly resourced and managed. Work together to develop community-driven approaches to overcome some of these constraints.

Celebrate the community's successes

Regularly celebrate achievements together, recognizing members of the community who have contributed. Help the community to recognize government or health staff who have made a difference for them. This recognition can strengthen mutual appreciation and trust.

Overcoming the barriers

The community does not feel listened to

Community engagement has to be genuine in order to be effective in creating social accountability. Make sure community members feel that their opinions are being heard and acted upon.

Fear-induced apathy

Poor uptake and demand are often caused by community members' fear of going against certain providers or decision-makers. They may have learned that complaining does not work. And very often, there are no alternative services. Try to gradually change people's expectations by telling them about success stories in similar circumstances.

Lack of motivation

Communities' motivation to actively participate can be reduced by slow progress and results not being visible. Regularly report on improvements to change expectations and increase motivation.

Lack of legal provisions, rights and entitlements

Many of the most necessary structural changes depend on their being legal provisions for redress, and a general sense of all people having rights and entitlements. Build up people's awareness of their rights, and work on making those rights enforceable, in order to make community accountability more successful.

One of the essential building blocks of success is a trusting relationship between communities and their government officials and service providers.



Make sure community members feel that their opinions are being heard and acted upon.

Using the media to communicate

The mass media is an important way of getting messages about nurturing care to large numbers of people, giving them equitable access to information and interventions.

The mass media includes newspapers and other printed material, as well as radio, television, websites, social media networks and billboards. Campaigns can reach the vast majority of a target population at a relatively low cost, with consistent quality, several times a month, week, or even day.

Messages have to be tailored to the people and setting you want to reach, and you need to choose the right combination of media. But if you get this right, you can shift social norms and enable behaviour to change. Providing families and communities with tailored messages broadcast over well-suited media can help them to demand the nurturing care services they deserve.

Suggested actions

Begin with formative research

To make sure you understand contextual factors that influence success, always begin by conducting formative research. This includes identifying key audiences, and getting information about current behaviour, activities and materials, as well as what the community understands, what they perceive as jargon, and what language they prefer.

Frame your messages with care

You can never do enough formative research. It allows you to get the framing of messages exactly right – so that when they are broadcast they are easily understood, appropriate and help change behaviour. See the box for a quick-start guide.

A QUICK-START GUIDE TO FRAMING NURTURING CARE MESSAGES

Here are some tips from the FrameWorks Institute's *Guide to reframing ECD and learning in Kenya* (28).

INSTEAD OF...	TRY...
telling stories that focus on individual children's experiences and successes	telling stories that illustrate how we all benefit when our society invests in positive outcomes for children.
appealing to the importance of supporting "vulnerable children"	appealing to the circle of responsibility: "This is about living up to our collective obligation to all of Kenya's children."
implying or leaving unsaid the age at which children begin learning	being explicit. Use the phrase "early means early", and explain that early childhood is the period between birth and age 5.
leaving mechanisms, structures and processes out of the picture	using the brain architecture metaphor to explain how children's brains develop. "Like a house, children's brains are built in stages; what happens early in life lays the foundation for what comes later."
omitting learning opportunities from the list of factors that support healthy development among very young children	explaining that babies are "born to learn" and that their developing brains need stimulation and support from birth onwards.
referring to abstract solutions without providing details about how they work	using concrete examples to show how quality early learning programmes contribute to children's healthy development.

Secure political will and champions

Mass-media campaigns are more likely to succeed if they have government approval, buy-in from local stakeholders, and the participation of opinion leaders or well-liked public figures.

Get your distribution strategy right

The campaign's distribution strategy includes its frequency (such as how often adverts are aired), intensity (such as size of posters or length of radio adverts), and coverage (the places it reaches), as well as the platform and local languages you use. Define them all, taking account of the community's preferences (see box *The power of radio and TV campaigns*).

THE POWER OF RADIO AND TV CAMPAIGNS

A campaign using radio messages and TV spots in Tanzania is aiming to reduce the prevalence of stunting in children under 5 years of age, by reaching 3 million mothers, caregivers and decision makers with improved child care and feeding information. Spots are short, realistic dramas that use emotion, humour and suspense to convince target audiences to adopt healthy behaviours. In 2020, the campaign gave parents advice on how to make children "smarter, healthier and more successful" and the results were impressive. Exclusive breastfeeding went up from 79% to 92%, pregnant women eating a more varied diet went up from 7% to 20%, and mothers engaging with their child's learning went up from 47% to 79%.

Findings from a randomized trial in Burkina Faso, conducted between 2012 and 2015, demonstrated for the first time that a radio campaign could increase health-seeking behaviours. The 35-month intensive radio campaign promoted antenatal care attendance, health facility deliveries and primary care consultations for children under 5 years. These consultations included malaria, pneumonia and diarrhoea, the leading cause of post-neonatal child mortality. Using the Lives Saved tool, the campaign was estimated to reduce deaths among under-5s by an average of 7.1% per year.

For more details, visit <https://www.developmentmedia.net/> and read the full paper on the [BMJ's website](#) (29).

Use the principles of effective communication

Draw on well known principles when designing mass-media messages. Messaging should be accessible, actionable, credible, relevant, timely and understandable. See box *The six principles of effective communication*.

THE SIX PRINCIPLES OF EFFECTIVE COMMUNICATION

These are taken from the *WHO strategic communications framework for effective communications* (30).

1 Accessible

Map the reach of all the available mass-media channels, and choose the ones that cover your key targets among caregivers and the community.

2 Actionable

Tell caregivers about actions they can reliably take. If they need help, the messages must describe what support is available and where to get more information.

3 Credible and trusted

Find influencers who are trusted by the audience, and encourage them to act as models for the desired behaviours and as champions for the policies.

4 Relevant

Highlight your audience's personal experiences. Explain how the issues can affect their children, family, friends and fellow community members.

5 Timely

Engage audiences – whether individuals or policy-makers – just when they need to take action.

6 Understandable

If people cannot understand what you are saying, they will not do what you want.

Test your messages

Always allow time to test messages before they are broadcast. This will help make messages more relevant to the target community and contribute to community engagement. If possible, recruit local scriptwriting experts to adapt mass-media messages to the local context. Familiar with contextual nuances, these experts may also conduct post-broadcast research to see if messages resonated with families and the community.

Monitor your objectives

Keep up ongoing monitoring – using trackers and software, if you can – to make sure you are achieving your objectives. It is very helpful to study changes in caregivers' knowledge and behaviour resulting from the mass-media campaign.

Target men

Men are significant consumers of mass media, so it is a good way to target fathers and engage men. [MenCare's media campaigns \(31\)](#) inspire men, their families, and their communities to support male caregiving.

Be creative to ensure equity

Depending on the type of mass media you use, you can be creative in getting cheaper airtime by broadcasting very frequently or getting free airtime by accessing the government's public media. Sometimes private broadcasters also have an interest in taking on social issues, and will give you more affordable rates. Using channels that are popular with the entire population will help you reach the most vulnerable and will go a long way to ensuring equity.

Make media engaging and interactive

Ongoing engagement with the target audience is key. Ideally, try to make the media interactive so that questions can be answered and suggestions given – by, for example, sponsoring a radio call-in show. Implementers can listen in to get insight into people's opinions and how they might act. Another way of getting feedback and engagement is to use those same mass-media messages in parenting sessions and home visits.

Use familiar cultural symbols

Always try to incorporate familiar cultural symbols, such as food, clothes, family gatherings and community settings, so that audiences can relate to the information. And be careful not to include cultural symbols that might offend, or which audiences cannot relate to.

EARLY MOMENTS MATTER

In 2017, UNICEF launched [Early Moments Matter \(32\)](#), a campaign to increase awareness of the importance of the first 1000 days of a child's life, and the impact of early experiences on the developing brain.

The campaign kicked off with #EatPlayLove – a digital and print initiative aimed at parents and other caregivers, sharing the neuroscience on how babies' brains develop. The campaign includes several 30-second video clips on important topics. These, along with the accompanying print materials, have been adapted by countries as diverse as Serbia, Egypt, and Botswana.

See it in action by looking at the [videos and materials for the Serbian campaign \(33\)](#).

Always allow time to test messages before they are broadcast.



Overcoming the barriers

Lack of formative research

This pre-campaign research is often limited because of time and funding constraints, resulting in poorly framed messages which the audience misunderstands. In the longer term, this wastes resources. So, no matter what the situation, never scrimp on formative research.

Missing the target audience

The three most common reasons for mass-media strategies missing their target audience are a lack of understanding of who the targets are, insufficient community participation, and the chosen communication channels not reaching the most vulnerable. You can avoid this by careful preparation.

Only targeting mothers

Messages often only target and depict mothers. But in many cases much of the childcare is done by grandmothers, aunts, siblings and, sometimes, fathers. By including them in your materials and addressing them specifically in your messages, you can get the whole community to understand nurturing care.

Getting the media type or focus wrong

Reach and uptake can be hampered by choosing the wrong type of mass media, or not focusing messages precisely enough. Find ways to keep information relevant and engaging. For example, a childcare app could be linked to the child's age, so that its messages change over time, giving information appropriate to the child's development. This is more likely to hold the caregiver's attention.

Accessibility of mobile videos

Smartphone ownership is gendered and uneven in other ways. This can make mobile videos less shareable, and so make mass media campaigns less accessible. The WHO guideline *Recommendations on digital interventions for health system strengthening* (34) describes 10 ways in which countries can use digital technologies to improve people's health and essential services.



The Internet of Good Things (IoGT)

This is a portal, which works even on low-end devices, for free content that can save or improve lives. Topics include hygiene, maternal health, diseases such as yellow fever, polio and cholera, as well as Internet safety, positive parenting techniques, and HIV and sexual health for adolescents.

IoGT helps communities and frontline workers access educational and lifesaving information at the point of care. The platform includes multimedia and two-way communication, as well as polls and surveys to get feedback and record local best practices.

You can read more about the [Internet of Good Things \(35\)](#) on UNICEF's website.

The three most common reasons for mass-media strategies missing their target audience are a lack of understanding of who the targets are, insufficient community participation, and the chosen communication channels not reaching the most vulnerable.

Signs that you are making progress

You can work on the activities in this strategic action in many different ways, and it is natural that progress in some will be faster than others. Remember the importance of formative assessment early on, as a basis for understanding families and communities.

The goal is for programmes to be effective, scalable and sustainable – fully engaging families and communities. This calls for place-based approaches that are well resourced, respond to the populations' needs, and have functioning accountability mechanisms.

Here are some signs of progress and targets to aim for:

- Community leaders – including mayors, religious leaders and other influential people – know about early childhood development and are committed to supporting it.
- Strategies for engaging families and communities are included in the national policy or plan for improving nurturing care for early childhood development. There is a budget for implementing them.
- In different settings, priorities have been identified and strategies tailored. Job-aids have been developed and tested. And interventions are being implemented with and by communities and families.
- Mass media is being used to broadcast messages. Uptake and understanding are being monitored.
- Links have been made with health and other services. There is active communication and coordination between service providers and people in the community.
- Social accountability mechanisms have been established. Communities and government regularly discuss easy-to-understand data on progress. They use it for advocacy and action.



References

Tools, case studies and further reading

1. Mayors for Children

United Nations Children's Fund. Mayors for children: 'Going local' to accelerate results for the most vulnerable children and youth. Geneva: UNICEF; 2020 (<https://www.unicef.org/eca/media/10401/file/Mayors%20for%20Children%20meeting.pdf>, accessed 9 November 2020).

2. WHO guide to working with individuals, families and communities

World Health Organization, Pan American Health Organization, Enfants du Monde. Working with individuals, families and communities to improve maternal and newborn health: a toolkit for implementation. Geneva: World Health Organization; 2017 (https://www.who.int/maternal_child_adolescent/documents/community-engagement-mnh-toolkit/en/, accessed 9 November 2020).

3. WHO guide to community engagement for health services

World Health Organization. Integrating stakeholder and community engagement in quality of care initiatives for maternal, newborn and child health. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/333922>, accessed 11 November 2020).

4. Tool: Communication for development – online course

United Nations Children's Fund. Communication for development – online course. New York: UNICEF; 2020 (<https://agora.unicef.org/course/info.php?id=11146>, accessed 9 November 2020).

5. Place-based strategies

Rodrigues MV, Kaneko M, Bermúdez C, Lombardi J, Fisher S, Berelowitz D. Scaling up: place-based strategies to strengthen community early childhood systems. United Kingdom: Spring Impact; 2019 (https://www.springimpact.org/wp-content/uploads/2019/12/Exec-Summ_Scaling-up-place-based-strategies_Dec2019_FINAL.pdf, accessed 5 November 2020).

6. Evidence for place-based approaches to support children's well-being

Centre for Community Child Health. The evidence: what do we know about place-based approaches to support children's well-being. Melbourne: Murdoch Children's Institute; 2014 (https://www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Collaborate_for_Children_Report_The_Evidence_Nov2014.pdf, accessed 5 November 2020).

7. Chile Crece Contigo

Milman HM, Castillo CA, Sansotta AT, Delpiano PV, Murray J. Scaling up an early childhood development programme through a national multisectoral approach to social protection: lessons from Chile Crece Contigo. *BMJ*. 2018;363:k4513. doi:10.1136/bmj.k4513. (<https://www.bmj.com/content/bmj/363/bmj.k4513.full.pdf>, accessed 10 November 2020).

8. UNICEF Child Friendly Cities Initiative website

United Nations Children's Fund. Child friendly cities initiative. Geneva: UNICEF; 2020 (<https://childfriendlycities.org/>, accessed 9 November 2020).

9. Urban95 website / How does a city look to a 3-year-old?

Urban95. If you could experience the city from 95cm - the height of a 3-year-old - what would you change? Hague: Bernard van Leer Foundation; 2020 (<https://bernardvanleer.org/solutions/urban95/>, accessed 5 November 2020).

10. Smart Start Siaya, Kenya, website

Smart Start Siaya. Home page. Siaya: County Government of Siaya; 2019 (<https://smartstartsiaya.co.ke/>, accessed 5 November 2020).

11. Promoting gender equality and engaging men

Swan M, Doyle K, Broers R. Promoting men's engagement as equitable, non-violent fathers and caregivers in children's early lives: programmatic reflections and recommendations *International Journal of Birth and Parent Education*, vol 7, issue 1; 2019 (https://promundoglobal.org/wp-content/uploads/2019/12/IJBPE_Vol7_Issue1_24sep_Swan.pdf, accessed 11 November 2020).

12. Promoting gender equality and engaging men

MenCare. Home page. In: A Global Fatherhood Campaign. MenCare; 2020 (<https://men-care.org/>, accessed 10 November 2020).

13. REAL Fathers Initiative

Institute for Reproductive Health, Georgetown University. REAL Fathers Initiative. Home page. USA: Washington DC; 2020 (<https://irh.org/projects/real-fathers-initiative/>, accessed 10 November 2020).

14. Faith leaders opposing violence against children

Joint Learning Initiative on Faith & Local Communities. Ending violence against children hub. USA: Joint Learning Initiative on Faith & Local Communities 2020 (<https://evac.jliflc.com/>, accessed 10 November 2020).

15. Addressing educational poverty

Giorgio T, Anduena A, Francesca V. The 'village' project: towards early learning communities. In: Early childhood matters. Hague: Bernard van Leer Foundation; 2020 (<https://earlychildhoodmatters.online/2020/the-village-project-towards-early-learning-communities/>, accessed 10 November 2020).

16. Shared reading

Nati Per Leggere. Home page. Trieste, Italy: Nati Per Leggere; 2020 (<http://www.natiperleggere.it/>, accessed 10 November 2020).

17. Safe and secure environments

World Health Organization, Partnership for Maternal, Newborn and Child Health. Clean, safe and secure environments for early childhood development. In: Nurturing Care for Early Childhood Development. Geneva: World Health Organization; 2020 (<https://nurturing-care.org/clean-safe-and-secure-environments-for-eecd>, accessed 10 November 2020).

18. Tool: WHO guideline on physical activity, sedentary behaviour and sleep

World Health Organization. Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/311664>, accessed 5 November 2020).

19. Involving grandmothers

Aubel J, Rychtarik A. Focus on families and culture: A guide for conducting a participatory assessment on maternal and child nutrition. TX, USA: Grandmother Project – Change through Culture; 2015 (<https://grandmotherproject.org/wp-content/uploads/2020/04/Focus-on-Families-and-Culture-GMP.-ENG-4.pdf>, accessed 10 November 2020).

20. Involving grandmothers

Aubel J. Involving grandmothers to promote child nutrition, health and development: A guide for programme planners and managers. London, United Kingdom: World Vision International; 2014 (<https://grandmotherproject.org/wp-content/uploads/2020/04/World-Vision-Involving-Grandmothers-Guide-pdf-1.pdf>, accessed 10 November 2020).

21. Case study: Bandebereho – engaging fathers in Rwanda (Promundo's Program P)

Promundo, REDMAS, CulturaSalud. Program P – a manual for engaging men in fatherhood, caregiving and maternal and child health. Rio de Janeiro, Brazil and Washington, D.C. USA: Promundo; 2019 (<https://promundoglobal.org/resources/program-p-a-manual-for-engaging-men-in-fatherhood-caregiving-and-maternal-and-child-health/>, accessed 10 November 2020).

22. Case study: Bandebereho (research findings)

Doyle K, Levitov RG, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S et al. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: findings from a randomized controlled trial. PLoS One. 2018;13:e0192756. doi: 10.1371/journal.pone.0192756. (<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192756>, accessed 10 November 2020).

23. Tool: Australia's Raising Children website

Raising Children. The Australian parenting website. Melbourne: Raising Children Network; 2020 (<https://raisingchildren.net.au/>, accessed 10 November 2020).

24. Making services work for poor people

World Bank Group. World development report 2004: making services work for poor people. Washington, DC: World Bank Group; 2003 (<https://openknowledge.worldbank.org/handle/10986/5986>, accessed 10 November 2020).

25. Tool: World Vision citizen voice and action field guide

World Vision International. Citizen voice and action field guide. London: World Vision International; 2013 (<https://www.wvi.org/local-advocacy/publication/citizen-voice-and-action-field-guide>, accessed 10 November 2020).

26. Scaling social accountability

World Vision International. Scaling social accountability: evidence from Africa, Asia and the Caucasus. London: World Vision International; 2019 (<https://www.wvi.org/sites/default/files/FINAL-Scaling-Social-Accountability-Jan-8-2019-2.pdf>, accessed 10 November 2020).

27. Effectiveness of citizen voice and action

Ball D, Westhorp G. Citizen voice and action for government accountability and improved services: maternal, newborn, infant and child health services. In: Global Partnership for Social Accountability - Knowledge Platform. London: Community Matters; 2018 (<https://gpsaknowledge.org/wp-content/uploads/GPSA-Indonesia-CVA-Project-Final-Evaluation-Report-2018.pdf>, accessed 10 November 2020).

28. A quick-start guide to framing nurturing care messages

FrameWorks Institute. Reframing early childhood development and learning in Kenya: a frameworks institute communications toolkit. Washington, DC: FrameWorks Institute; 2018 (<https://www.frameworksinstitute.org/toolkit/reframing-early-childhood-development-and-learning-in-kenya/>, accessed 10 November 2020).

29. Case study: mass radio campaign

Murray J, Head R, Sarrassat S, Hollowell J, Remes P, Lavoie M et al. Modelling the effect of a mass radio campaign on child mortality using facility utilisation data and the lives saved tool (list): Findings from a cluster randomised trial in Burkina Faso. *BMJ Glob Health*. 2018;3:e000808. doi: 10.1136/bmjgh-2018-000808. (<https://gh.bmj.com/content/3/4/e000808>, accessed 10 November 2020).

30. The six principles of effective communication

World Health Organization. WHO strategic communications framework for effective communications. Geneva: World Health Organization; 2017 (<https://www.who.int/about/communications>, accessed 10 November 2020).

31. Targeting men in media campaigns

MenCare. Targeting men in media campaigns In: A Global Fatherhood Campaign. MenCare; 2020 (<https://men-care.org/what-we-do/media-campaigns/>, accessed 10 November 2020).

32. Early Moments Matter

Replace UNICEF with United Nations Children's Fund. Early moments matter. New York: UNICEF; 2020 (<https://www.unicef.org/early-moments>, accessed 10 November 2020).

33. Early Moments Matter (Serbia campaign)

United Nations Children's Fund. Early moments matter - Serbia campaign. New York: United Nations Children's Fund; 2017 (<https://www.unicef.org/serbia/en/early-moments-matter>, accessed 10 November 2020).

34. WHO guideline on digital interventions for health system strengthening

World Health Organization. WHO guideline: recommendations on digital interventions for health system strengthening. Geneva: World Health Organization; 2019 (<https://www.who.int/reproductivehealth/publications/digital-interventions-health-system-strengthening/en/>, accessed 10 November 2020).

35. Tool: The Internet of Good Things

Replace UNICEF with United Nations Children's Fund. Internet of good things. New York: Replace UNICEF with United Nations Children's Fund; 2020 (<https://www.unicef.org/innovation/loGT>, accessed 10 November 2020).



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